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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Yes KCS*

This application is a CIP of 10/375,689 02/27/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None KCS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 25	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>KCS</i>	INITIALS <i>KCS</i>		
Verified and Acknowledged				

## ADDRESS

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## TITLE

Rotating balloon expandable sheath bifurcation delivery

FILING FEE  RECEIVED 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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